/	OIPE
ANDE	AUG 0 5 2005
V	Recover of

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

_			
Application Number	10/062,785	/	
Filing Date	January 31, 2002		
First Named Inventor	Robert H. Folk III		
Group Art Unit	2673		
Examiner Name	Jimmy H. Nguyen		
Attornou Dookst Number	D02727		

Total Number of	Pages in the	nis Submission	Attorney Docket Number D02	137				
ENCLOSURES (check all that apply)								
X Fee Transmittal Form		Form	Assignment Papers (for an Application)		After Allowance Communication to Group			
Fee Attached		hed	Drawing(s)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
X Amendment/Reply		y	Licensing-Related papers					
X FINAL OA		1	Petition		Proprietary Information			
Affidavits/Declaration(s)		Declaration(s)	Petition to Convert to a Provisional Application		Status Letter with appropriate copies			
X Extension of time Request		Request	Power of Attorney, Revocation, Change of Correspondence	v	Other Enclosure(s) (please identify Response to Restriction Requirer			
Express Abandonment Request		nment Request	Address		Associate Power of Attorney			
Information Disclosure Statement		osure Statement	Terminal Disclaimer		Copy of Notice to File Missing			
Certified Copy of Priority Documents		Priority Documents	Request for Refund		Change of Correspondence Address			
Respon	se to Miss	sing Parts/	CD, Number of CDs					
Incompl	lete Applio	cation	Remarks					
Response to Missing Parts Under 37 CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Individual	Robert P Mariev		Re		ration No.	32,914		
Signature								
Date August 3, 2005								
CERTIFICATE OF TRANSMITTAL/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:								
Typed or printed	name	Carol J. Smith						
Signature Our Smith Date August 3				August 3, 2005				

OIPE						
Fees pursuant to the Consoldlated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27	Complete if Known					
Fees pursuant to the Consoldiated Appropriations Act. 2005 (H.R. 4818)	Applicatio	on Number		2,785		
FEE TRANSMITTAL	Filing Date			January 31, 2002		
For FY 2005	-	ned Inventor		Robert H. Folk III		
Applicant claims small entity status. See 37 CFR 1.27	Examiner			Jimmy H. Nguyen		
	Group Art		2673			
TOTAL AMOUNT OF PAYMENT (\$) 450		Docket No.	D027	D02737		
METHOD OF PAYMENT (check all that apply)			-			
Check Credit card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION F	EES					
FILING FEES SEA	RCH FEES		IINATION F			
Small Entity For (2)		nall Entity	Foo (\$)	Small Entity	Food Doid (\$)	
	<u>: (\$)</u> 00	Fee (\$) 250	Fee (\$) 200	<u>Fee (\$)</u> 100	Fees Paid (\$)	
i e	00	50	130	65		
	00	150	160	80		
	00 0	250 0	600 0	300 0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP=highest number of total claims pad for, if greater than 20						
Indep. Claims - 3 or HP= HP=highest number of independent claims paid for, if greater than 3 Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)						
3. APPLICATION SIZE FEE: If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 =						
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Robert P. Marley	R	Registration No.	32,914	Telephone	215-3223-1907	
Signature Date August 3, 2005						

Docket No.: D02737

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS

Robert H. Folk, II

GROUP ART UNIT:

2673

APPLN. NO.:

10/062,785

EXAMINER:

Jimmy H. Nguyen

FILED:

January 31, 2002

TITLE:

REMOTE MARKUP OF A DISPLAY DEVICE USING A WIRELESS

INTERNET APPLIANCE AS AN ELECTRONIC CANVAS

Certificate of Mailing

Date of deposit: August 3, 2005

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, NA 22313-1450.

Signature of Person Mailing Paper

Carol Smith

Printed Name of Person Mailing Paper